

Status: Finalized

I. Center Identification

Organization Name: SURGERY ONE

Street Address: 11420 Parkview Circle

City: Fort Wayne

County: Allen

Administrator Name: Jeffra Kinniard

Administrator Email: jeffra.kinniard@parkview.com

ASC Web Address: n/a Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: O Yes No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	6	
Number of procedure rooms	4	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	6925	13459		
B. Ten Most Frequent Surgical Procedures Perfo	rmed			
CPT Code		Total Procedures		
64483		1833		
64493		623		
64494		596		
64636		585		
64484		508		
64721		458		
64495		429		

64415	406
64447	373
64635	354

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	36
a surgical encounter.	